

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

Electronic Version v11

Stylesheet Version v10

Title of Invention	MULTI-FUNCTION PICK-UP CAP FOR ELECTRICAL CONNECTOR
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As the below named inventors, we declare that:

This declaration is directed to the invention titled: " MULTI-FUNCTION PICK-UP CAP FOR ELECTRICAL CONNECTOR"

We believe that we are the original and first inventors of the subject matter which is claimed and for which a patent is sought;

We have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

We acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTORS:

Inventor 1: Mr. Iosif R Korsunsky	Inventor
Signature : Iosif R. Korsunsky	Citizen of : US
Inventor 2: Mr. Brian J Gillespie	Inventor
Signature : Brian J. Gillespie	Citizen of : US
Inventor 3: Mr. Kevin E Walker	Inventor

Signature : Kevin E. Walker

Citizen of : US

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 8/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	
First Named Inventor	Iosif R. Korsunsky
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTI-FUNCTION PICK-UP CAP FOR ELECTRICAL CONNECTOR

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 25859 → <input type="checkbox"/> Place Customer Number Bar Code Label here OR Name _____  25859 <small>PATENT TRADEMARK OFFICE</small>		
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: <input checked="" type="checkbox"/> Custom or Bar C Name _____  25859 <small>PATENT TRADEMARK OFFICE</small>		

<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: <input checked="" type="checkbox"/> Custom or Bar C Name _____ Address _____ Address _____ City _____ State _____ ZIP _____ Country _____ Telephone _____ Fax _____		Correspondence address below
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)			Family Name or Surname		
Iosif R.			Korsunsky		
Inventor's Signature	<i>Iosif Korsunsky</i>				
Residence: City	Harrisburg	State	PA	Country	U.S.A.
Post Office Address	1650 Memorex Drive				
Post Office Address					
City	Santa Clara	State	CA	ZIP	95050
Country	U.S.A.				
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto					

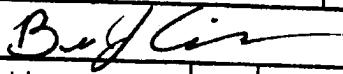
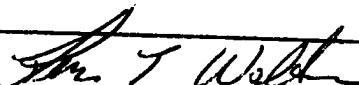
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Brian J.		Gillespie						
Inventor's Signature							Date	07/03/03
Residence: City	Harrisburg	State	PA	Country	U.S.A.	Citizenship		
Post Office Address	1650 Memorex Drive							
Post Office Address								
City	Santa Clara	State	CA	ZIP	95050	Country	U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Kevin E.		Walker						
Inventor's Signature							Date	07/03/03
Residence: City	Hershey	State	PA	Country	U.S.A.	Citizenship		
Post Office Address	1650 Memorex Drive							
Post Office Address								
City	Santa Clara	State	CA	ZIP	95050	Country	U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature							Date	
Residence: City		State		Country		Citizenship		
Post Office Address	1650 Memorex Drive							
Post Office Address								
City	Santa Clara	State	CA	ZIP	95050	Country	U.S.A.	

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